

**Life/Accidental Death & Dismemberment
Beneficiary Designation**



ASSURANT Employee
Benefits

Policy no. _____ Part no. _____ Account no. _____ Certificate no. _____

Group policyholder or participating employer _____

Name of insured _____ Former name _____

PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS FORM.

1. Give FULL names and relationships of each beneficiary. If beneficiary is not related, also provide date of birth and Social Security number.
2. If your designation does not fit into the arrangements below (*designations such as wills, estates, trustees*), please contact your HR representative or Assurant Employee Benefits for assistance.

PRIMARY BENEFICIARY(IES): All beneficiaries named in this section will be considered primary. Proceeds will be paid in equal shares to these primary beneficiaries who survive you unless you indicate percentages. Percentages must equal 100%.*

Name (<i>last, first, m.i.</i>)	Relationship to Insured	Address	Date of Birth
-----------------------------------	-------------------------	---------	---------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECONDARY BENEFICIARY(IES): If no primary beneficiaries survive you, proceeds will be paid to the surviving secondary beneficiaries named in this section. Payment will be paid in equal shares unless you indicate percentages. Percentages must equal 100%.*

Name (<i>last, first, m.i.</i>)	Relationship to Insured	Address	Date of Birth
-----------------------------------	-------------------------	---------	---------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANY AMOUNT OF INSURANCE PAYABLE AT MY DEATH SHALL BE PAYABLE AS INDICATED ABOVE.

***If any Primary or Secondary Beneficiary's share is a percentage of the total proceeds, and that beneficiary predeceases the insured, then that beneficiary's share will be distributed equally among the other surviving beneficiaries within the same primary or secondary designation, unless the insured indicates otherwise in writing.**

Signature _____ Date _____

Received and recorded by _____ Date _____

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.

Assurant Employee Benefits 2323 Grand Boulevard Kansas City Missouri 64108-2670
T 800.733.7879 F 888.208.2323